

12-17-0

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

Approved for use through 10/20/2012. GMD 8601-002
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 3078/4

First Inventor | Gordon et al.

Title Alpha v Beta 3 Integrin Antagonis

Express Mail Label No. EF 192451125 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
3. <input checked="" type="checkbox"/>	Specification <i>(preferred arrangement set forth below)</i>	[Total Pages]	117
	<ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 		
4. <input type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	[Total Sheets	
5. Oath or Declaration	[Total Pages]		
a. <input type="checkbox"/>	Newly executed (original or copy)		
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 complete)</i>		
i. <input type="checkbox"/>	<u>DELETION OF INVENTOR(S)</u>		
	Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76		

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- Computer Readable Form (CRF)
- Specification Sequence Listing on:
 - CD-ROM or CD-R (2 copies); or
 - paper
- Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement Power of
(when there is an assignee) Attorney

11. English Translation Document *(if applicable)*

12. Information Disclosure Copies of IDS
Statement (IDS)/PTO-1449 Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.

17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. 09,262,725

Prior application information:

Examiner: Goldberg

Group Art Unit: 1610

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/>	Customer Number or Bar Code Label	<input type="checkbox"/>	(Insert Customer No. or Attach bar code label here)	or	<input type="checkbox"/>	Correspondence address below
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

1000.00

Complete if Known

Application Number	N/A
Filing Date	12/10/2001
First Named Inventor	Gordon et al.
Examiner Name	N/A
Group Art Unit	N/A
Attorney Docket No.	3078/4

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

19-1025

Deposit Account Name

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	740.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

740.00

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	13	-20** = 0	X	
Independent Claims	2	- 3** = 0	X	
Multiple Dependent			280.00	= 280.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

280.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify) _____			

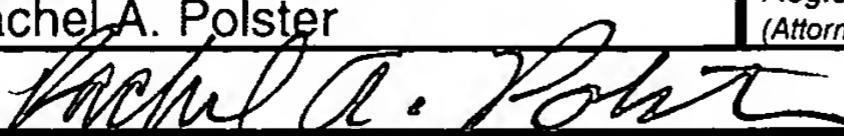
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Rachel A. Polster	Registration No. (Attorney/Agent)	47,004	Telephone	636-737-5761
Signature				Date	12/10/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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